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Crozier, Michelle & Dee, Mike
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Queensland University
of Technology

Critical Literature Review: Disaster support and the resource needs of marginalised children and young people with disabilities from diverse cultural backgrounds

Authors: Crozier, M. and Dee, M. (2016)

Affiliation: Queensland University of Technology (QUT)

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Abstract:

A critical review of existing literature relating to disaster support (including preparation, response and recovery) for children and young people with disability and from diverse backgrounds was undertaken. The aim of the review was to understand principles of practice, gaps in research and available resources relating to this cohort including those people that support them (paid and unpaid). A systematic search of three data bases resulted in the inclusion of 66 articles (including articles and reports sourced through snowballing). Grey literature and resources were also examined from Australian State and Commonwealth jurisdiction emergency response and preparedness websites. From the vast array of existing disaster literature sourced (with much arising from the experiences of Hurricane Katrina in 2005 or from the perspective of people with disability) there is nothing specifically relating to the experiences of children and young people with disability from diverse backgrounds, indicating a significant gap in the literature and research. By examining the literature more broadly as it relates to these cohorts, this review provides a critique of the needs and experiences of these people and provides a distilling of best practice concepts namely: rights based approach, agency preparedness, good data on people, disability-centred disaster support, recognition of the expertise and contributions to be made from those deemed vulnerable, inter-agency collaboration, person-centred recovery practice, accessible multi methods of communication, individual and family preparedness and a step away from the language of 'special needs' in disaster support.

Critical Literature Review: Disaster support and the resource needs of marginalised children and young people with disabilities from diverse cultural backgrounds

"...the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life; the sick, the needy and the handicapped"

~ Last Speech of Hubert H. Humphrey

Introduction

In the current literature dealing with resources for children and young people at times of a range of disasters and emergency situations, little provision is made or envisioned for children and young people with disability from diverse backgrounds. A critical review of existing literature relating to disaster support for this group was undertaken with the primary aim of understanding principles of practice, gaps in research and available resources. This also included exploring the experiences of those people that support them (paid and unpaid). Articles and information were sourced from a systematic search of three data bases and a search of Australian government emergency response jurisdiction websites. Although there was nothing specifically relating to the experiences of children and young people with disability from diverse backgrounds there was some useful literature relating to

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vulnerable populations more broadly that were able to be used to provide a critique of the needs and experiences of people from within those groups and the people that support them and identify broad concepts of best practice. Further, the critique was able to identify key gaps in the research and make future recommendations. The focus of this review was primarily natural disasters.

Systematic search method

The aim was to undertake a critical review of existing literature and associated resources on surviving and coping with a range of disaster and emergency situations for young people with disability from diverse backgrounds. A systematic peer reviewed literature search of the topic under investigation was sourced through three Ebsco host data bases: CINAHL, Medline and Psycinfo. The searches were limited to peer reviewed articles only and from 2005-2015 to ensure that the large body of emerging research from hurricane Katrina was included. The systematic database screening involved a two concept search:

1. Disaster Management OR Disaster preparedness OR Disaster preparedness and response OR Disaster Support OR Emergency Response OR emergency preparedness OR disaster recovery OR disaster resilience

AND
2. Disab* OR Multicultur* OR divers*

Additional literature was sourced through snow balling when reading the included articles or through authors existing knowledge.

Titles were culled according the following criteria:

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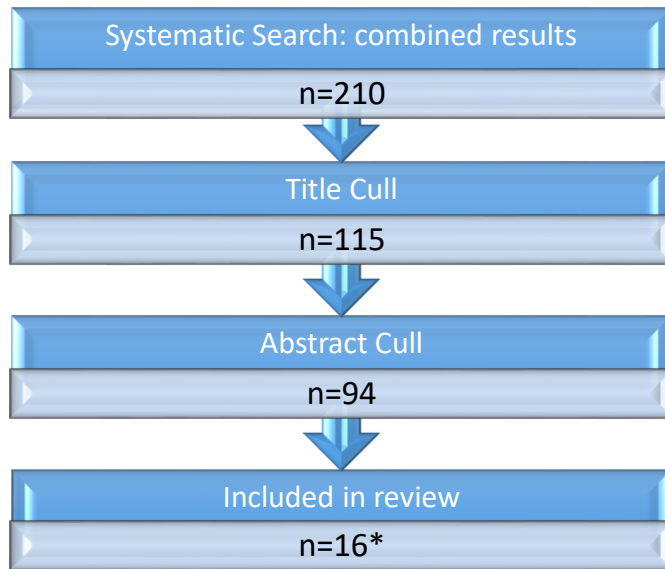
- related to disability or diversity or children/young people and disasters
- terrorism, health endemics and specific health issues not included
- workforce development/training not included unless related to described populations
- countries of NESB articles not included, unless they related to the described populations as they are not about diversity within an English speaking context
- comparative vulnerable populations not kept (e.g. aged)
- articles relating to general disaster support (including frameworks, principles and approaches) kept for contextual reference where appropriate.

In addition to the systematic scholarly search a search of resources was undertaken of every Australian Commonwealth and State emergency service and response related website.

Systematic search results

Figure 1 presents the results of the systematic search. The results of combined Ebsco host database search after merging and removing duplicates resulted in the discovery 210 articles. Authors independently screened titles according to the exclusion and inclusion criteria resulting in 115 articles for abstract review. After abstract review, 94 articles were examined and a total of 66 were included in the critical literature review. Snow balling resulted in an additional fifteen articles or website for inclusion in the critical review.

Figure 1. Results of systematic search



*NOTE: an additional 15 scholarly articles were sourced from snow balling.

Grey literature search results

Although each Australian jurisdiction had a host of resources there were very limited resources that related specifically to young people, disability or people from diverse backgrounds. Many jurisdictions had policies or manuals that covered the issues but lacked specific resources for people to use. The results of specific resources are presented in table 1.

Table 1. Results of resource search from Australian jurisdiction websites

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Jurisdiction	Target	Resource
Queensland	Special needs	Notes a link but it fails to open
New South Wales	Disabled and special needs	Planning before a disaster
	Diverse populations	Case studies of migrant refugee experience in demystifying role of uniformed officers during emergencies and Indigenous populations and fire management
Western Australia	Diverse populations	Video
Australian Capital Territory	Disabled and special needs	Web page of assisting people with special needs
Commonwealth	Diverse	Easy to read pictorial guide

Critical literature review

Stories of large scale disasters across the globe have become an all too frequent backdrop to our daily news; acts of terrorism (e.g. 9/11, Paris 2015), health endemics (Ebola outbreak in Africa in 2015), unprecedented weather events (e.g. Hurricane Katrina in 2005) and other natural disasters such as the 2004 Asian tsunami, devastating Australian Victorian fires (2009) and the Japanese triple disaster of 2011 (tsunami, earthquake, nuclear). The purpose of this literature review is understand the scope, inclusivity and quality of resources for in relation to surviving and coping with a range of natural disasters and emergency situations. Given there

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is no specific literature across disabled and marginalized children and young people, from diverse cultural backgrounds all these domains are explored for a broader knowledge search of disaster support (preparedness, response and recovery).

Disasters

Definition

One of the first issues to explore is an understanding of disaster. The literature refers to a broad range of concepts from natural disasters to climate change, health outbreaks, terrorism and war. This makes for a very wide scope and therefore terrorism, war and health outbreaks have not been specifically explored in this context although would indicate a potential gap in this critical review. There is also some distinction in the literature between what constitutes an emergency (e.g. local flooding, blizzards) or a disaster (tsunami, 9/11 terrorist attack) and what is manmade (war) or natural (Stys, 2010). Kettaneh and Slevin (2014) describe a disaster as:

“a hazard (natural or man-made), resulting in an event of substantial extent causing significant physical or psychological damage or drastic change to the natural environment as well as to the people in that location” (p.3).

The Commonwealth of Australia definition of disaster is “a condition or situation of significant destruction, disruption and/or distress to a community” (Commonwealth of Australia 2004 p. ix). Disasters pose significant risk to the community and world and are:

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“...compounded by increasing vulnerabilities related to changing demographic, technological and socio-economic conditions, unplanned urbanization, development within high risk zones, under-development, environmental degradation, climate variability, climate change, geological hazards, competition for scarce resources, and the impact of epidemics...” (United Nations, 2005, p.7)

Disaster support

In responding to emergencies and disaster of a large scale three key elements are widely discussed in the literature: **preparedness, response and recovery**. This critique includes understanding needs, experiences and implementation at each of these time points with a recognition that there is obvious and significant overlay between the elements and that they are not linear. For example, having a written prepared plan that details evacuation process (transport, where to, what to take) will make the response phase (evacuation) easier to navigate which will ultimately impact on long term recovery (creating feeling of safety and security during and post a disaster). The authors use **disaster support** as a broad term to describe preparedness, response and recovery experiences. Tanaka (2013) identified three actions for disaster support: what you can do yourself, what you do with assistance and cooperation with others, and what requires authorities to support.

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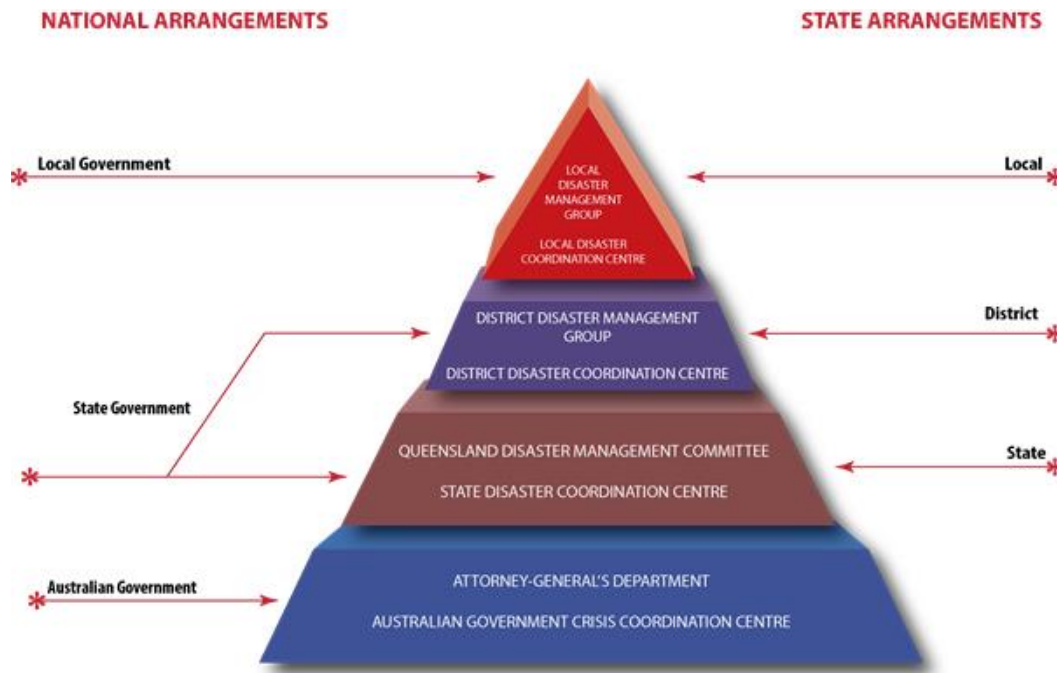
Government frameworks

International, national and local government frameworks and policies guide the effectiveness of disaster management for the whole community. In 2005 a world conference on disaster reduction was held in Japan where three resolutions were adopted in the *Hyogo Declaration* which among other commitments noted that a range of stakeholders need to be involved in disaster reduction and preparedness that includes governments, response organisations, financial institutions, volunteers, non-government organisations, the private sector and scientists (United Nations, 2005).

Australia, with its complex layers of legislation (Commonwealth, State and Local) requires a clearly identified disaster pathway in terms of authority and responsibility to ensure efficient coordination and response. One Australian jurisdiction (Queensland) describes the process in figure 2 in accordance with its own state legislation (i.e. Disaster Management Act, 2003). The Commonwealth in conjunction with the states has a National Strategy for Disaster Resilience (Commonwealth of Australia, 2011).

Figure 2 State and national disaster management arrangements (State of Queensland, 2015a)

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Similarly the United States has a National Incident Management System (NIMS) that provides guidance to governments and organisation through the National Response Framework (NRF)

“to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment” (Department of Homeland Security, 2008 p1).

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These cross government approaches facilitate a shared and common language on responses to disaster (Stys, 2010). Governments have an ongoing role in disaster management after initial responses (e.g. service restoration) to assist with the recovery and healing of families and communities with interventions that establish “security, stability, and safety; reunify families; and provide psychiatric services to those most severely affected” (Sakauye et al., 2009 p 920).

The people

If “...those who are weaker, older, frailer and sicker do poorly when societies without strong safety nets are under threat, and in times of rapid social disruption” (Fjord & Manderson, 2009 p.65) then responding to the most vulnerable at a time of great vulnerability might very well be the hall mark or indicator of great civilization. Unfortunately, from a critique of the literature relating to young people with disability from diverse backgrounds it is apparent that in recent times of natural disaster that many people who are already marginalised become even more so at these times. This has been reported repeatedly through the experiences of hurricane Katrina where many people with disabilities were not evacuated or turned away from already inaccessible shelters (e.g. National Council on Disability, 2006; Fox, White, Rooney & Cahill, 2010). Although not all the stories are bad and there are in fact stories of human kindness that emerge such as Queensland flood disaster of 2011 (Australia) where thousands of volunteers mobilised and became the cleaning “mud army” (Shevellar & Westoby, 2014; Wickes, Zahnow, Taylor & Piquero, 2015). Silver

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linings also appear in amongst the tragedy and loss where people may be more prepared and resilient for the future and cities may even be improved as a result of the disaster (Stanko et al, 2015).

Vulnerability and special needs

The literature relating to the defined cohort frequently describes them as vulnerable or people with special needs. There is some conjecture about the homogenizing of people and their needs through these labels (Kettaneh & Slevin, 2014). The special needs, vulnerability and at risk labels are far too generic terms (Nick et al., 2009) that do not adequately consider people with disability (as it can include someone who is pregnant, tourists on holidays, a pet owner, etc.) and the link should be to service needs rather than 'special needs' (Cahill, 2008). Similarly Lavin, Schemmel-Rettenmeier & Frommelt-Kuhle (2012) discuss the need to reconsider "special needs" populations during disaster given the lack of unity in definition and experience of those described as special needs and therefore populations should be specifically described and not grouped under this title. People from culturally diverse backgrounds are also considered in the special needs category but face unique challenges too. Kailes and Enders (2007) also seek to understand emergency management and planning through a lens other than special needs as this grouping means to effectively help anyone from someone with a mental illness, a minority group, non English speaking, pregnant, obesity, no car households, elderly, homeless prisoners etc. In terms of disability definitions they believe disaster management needs to focus on function not diagnosis.

Double Jeopardy

Regardless of these definitions of vulnerability and special needs, there is a common thread woven throughout the literature where people who have existing vulnerabilities are at increased risk of further marginalisation as the result of disaster. It is repeatedly reported in regard to people with disability (including children with disability) that they experience the devastating effects of natural disasters much more disproportionately to others (Baker, Baker & Flagg, 2012; Boon, et al., 2011; Eisenman, et al., 2014; Fjord & Manderson, 2009; Ivey et al., 2014; Priestley & Hemingway 2007; Stough, Sharp, Decker & Wilker, 2010; Wolf-Fordham, Curtin, Maslin, Bandini & Hamad, 2015;) as do older people (Al-rousan, Rubenstein & Wallace, 2014) and people with severe mental illness (Zakour, 2015). Nepal, Banerjee, Perry and Scott (2012), also describe disproportionate vulnerability to people from culturally and linguistically diverse backgrounds, particularly with regards to disaster preparation plans.

Maja-Schultz and Swain (2012) describe this concept of additional vulnerability as a “double jeopardy”, such as unemployment following a disaster is disproportionately higher for people with disability due for example, to lack of access to technological or the equipment necessary to perform duties (Harley, Beach & Alston, 2008) or negotiating disaster recovery service pathways being more complex (Stough et al, 2010). Runkle, Brock-Martin, Karmaus and Svendsen (2012) describe another double jeopardy in the form of “secondary surge” to long-term health disparity when already vulnerable people have needs that emerge or grow from a disaster and impact on health systems capacity to response. As plans have been developed to respond to the immediate needs the

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cascading effect of second phase recovery is left unattended to in planning (e.g. loss of medical infrastructure resulting in major gaps in chronic disease management).

Rights based frameworks

In communities where people are already on the fringes, in the immediate aftermath of a disaster existing discriminatory practices can increase (Krahn, Klein Walker & Correa-De-Araujo, 2015; Priestley and Hemingway, 2006). This response has been seen in both developing countries like Indonesia (2004 tsunami) and in developed nations like the United States (Hurricane Katrina 2005) (Priestly & Hemingway, 2007) indicating a potential breach of human rights during disasters occurring across the world. As Krahn et al. (2015) note, people with disabilities have a long history of discrimination and exclusions, so it is not surprising to see that amplified during times of disaster (e.g. less likely to be evacuated).

Government disaster response frameworks need to also consider their legal and moral obligations according to The Universal Declaration of Human Rights (1948) and Convention on the Rights of Persons with Disabilities. Rutkow, Taylor & Gable (2015) note that two recent decisions regarding suing local counties for lack of response to people with disability mean that in United States at least, there is a legal compulsion to respond – if not ethically or morally. The Hyogo Declaration also makes a commitment to vulnerable people stating that “cultural diversity, age, and vulnerable groups should be taken into account when planning for disaster risk reduction, as appropriate” (United Nations, 2005, p.9)

Disability and disaster support

It has been noted that although disaster preparedness and response has become somewhat of a boom industry, people with disability have experienced “benign neglect” in terms of a policy agenda and focus on their specific needs (Cahill, 2008). Although as Styes (2010) suggests there are many examples in Americas history where disaster preparedness at a community level was not adequate (e.g. 9/11, Hurricane Katrina) or for children more generally (Wolf-Fordam et al., 2015) particularly when in some disaster situations children can become separated from their parents/care giver. Cahill (2008) also noted that in terms of disaster support for people with disability there is not a shortage of tools, just a lack of understanding of what tools exist and their usefulness and promotion for use as well as communication and sharing of policies, programs, initiatives solutions and overcoming barriers.

In one large scale study people with disability were more likely to self-report compared to non-disabled people that they were not prepared for an emergency (Smith & Notaro, 2009). Using the same data collection methods several years later they did a follow up study focusing on preparedness comparison of those with activity limitations (specialised equipment and mental health) with people without these conditions and also found the first cohorts were significantly less prepared than those without disabilities. Although people who rely on equipment are more prepared than those who do not depend on specialized equipment. They argue that preparedness on a state level is improved if emergency services have identified people with disabilities prior to an emergency (Smith & Notaro, 2015). Similarly McCormick, Pevear & Xie (2013) found that in terms of disaster preparedness kits, that vulnerable

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populations were not more likely to have them compared to the rest of the community. One study found that the most predictable variable for evacuation preparedness was the level of support from family, friends and neighbours during a critical event (Zakour, 2015). Uscher-Pines, Hausman, Powell, DeMara, Heake, & Hagen (2009), found that although people with disability may experience greater vulnerability (e.g. transport needs) households where a person with special needs (disability related) lives are not more likely to engage in detailed preparedness behaviours.

Rooney and White (2007) took a consumer perspective narrative analysis of disaster preparedness and response. Things helpful for survival included preplanning (supplies, medicines, equipment, evacuation plan, charging equipment), having personal networks and first responders (e.g. co-workers carrying someone down the stairs). Problems with disaster support included issues like lack of evacuation plan, having to remain behind whilst others were evacuated, shelters that were inaccessible, disaster responders with no knowledge of options for people with disability, lack of appropriate infrastructures like power and transport and complexities associate with returning to the normal routine after an event.

Another identified vulnerable population is veterans as they often experience multiple health and physical needs. Comparing preparedness of veterans and non-veterans a difference on five of the seven emergency preparedness measures (three day supply food, water medication, working radio and batteries, flashlight and batteries, evacuation plan and leave during mandatory evacuation) was found. Veterans were more likely to have three day supply of prescription medication, water and food and a written

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plan. They were less likely to leave during mandatory evacuation and as likely to have battery operated radio and flashlight. In general veterans are better prepared (Der-Martirosian, Strine, Atia, Chu, Mitchell, & Dobalian, 2014).

Fox et al. (2010), interviewed (or focused group) 56 people with disability or people working with them who survived Katrina six months later to understand the psychosocial health of people with disability. Despite the terrible experiences that people had been through the authors note the “upbeat and positive tone of most conversations” (p 238). People had a focus on the future and were enabled through connectedness to faith, family and work.

Workforces and services supporting people with disability

First responders play a crucial role in the aftermath of a disaster or emergency and information about a person before a scenario unfolds is very beneficial to ensure an appropriate response (Chittaro, Carchietti, De Marco, & Zampa, 2011). Wolf-Forham, Twyman and Hamad (2007), evaluated an on line program for first responders to determine if it increased their knowledge and about planning and responding to people with disabilities in a disaster. The program included simulated based scenarios and game like features and they found high knowledge and skill acquisition and high usability. It is not hard to imagine how useful this approach would be to all members of the community in disaster preparedness.

Case managers obviously have a role in supporting people in times of disaster with a role in supporting people to navigate the service system and locate those services they need. Stough et al. (2010) examined long term recovery needs of people with

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disability in the context of case management (42 interviews) and their supervisors (12) and Hurricane Katrina. They found in terms of support that disaster case management for people with disability differs from other people (more intense, takes longer and more contacts, holistic), pre-existing conditions make recovery more complex, people require support in more areas, resource access is complex and people rely on public supports (transport and services) that may not be operating. They recognised that some with disability knowledge was important.

Triage is another key aspect of disaster response. When a whole community is impacted by disaster addressing the needs of individuals with chronic care needs is complex and exacerbated when inappropriately housed in general shelters. Having triage for those with chronic care needs that considers their personal care assistance needs is required in general emergency shelter settings (Fannin, Brannen, Howell & Martin, 2015)

Organisational preparedness plans are obviously important, however another identified gap in service responses is that of adequate and accessible data on where people with a disability for example may be living at times of a disaster (Fox, White, Rooney & Rowland, 2007). Enders and Brandt (2007) explore the interaction of disability and environment and how this is heightened during a disaster from a personal (access) to jurisdiction (cross boundary responses to a hurricane) level. They proposed that GIS (Geographic Information Systems) can help identify the spatial difference in response patterns such as coordinating resource from separate systems. GIS can assist with disaster management through incident mapping by location. They argue that GIS allows for analysis of

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the identification of where people with disability might be and the environments they are in to assist with decision making. This of course depends of the accuracy of the data on hand, highlighting importance of good data before a disaster, in particular disability relevant data needs to be included in the data sets (e.g. including where accessible transport resources located are). They conclude that this not only supports appropriate responses to the needs of people with disability but promotes access to disability specific resources for the whole community (e.g. accessible transportation).

Fox et al. (2007), also recommend improvement to data for emergency planners on where people with disability are actually located and who will need additional support during a disaster. Chitterao et al. (2007), go deeper into preparedness and provide a comprehensive manuscript that details a Disabled Persons Profile (DPP) that is uploaded by the person or their family on a web based portal but is accessible to first responders in an emergency. The International classification of functioning disability and health (ICF) was used as a foundation for the DPP and includes a visual map of body impairment/pain/movement areas and twelve sections that include items like allergies, medication, diagnosis, cognitive function, pain, involuntary movements and other health related issues (Chitterao et al., 2007).

Recommendations for facilities that support people with disability include, community partnerships before disaster to improve response, timely and effective communications, accessible public information on emergency preparedness, intervention for

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communicable disease outbreak or a biological attack, evacuation system including transportation (people, medications and supplies) (Maja- Schultz & Swain, 2012)

Intellectual disability

People with intellectual disability are finally being afforded the same opportunities and rights as other citizens to live independently in the community and therefore “knowing about and practicing disaster preparedness is a health promotion behaviour (that has) become vital” (Eisenman et al., 2014). Ozkan, Oncul and Kaya (2013) found that computer based instruction (CBI) teaching method for people with intellectual disability on which emergency service to call in an emergency and how to call, was effective in short and long term recalls although number of sessions required varied for participants This skill of identifying different emergency numbers has limited application in countries like Australia that have only one number to remember but important in countries where there are several (e.g. Turkey). A range of processes are used in CBI (text, image, music, videos etc.) to teach new skills. These processes could be adapted and be useful in developing preparedness programs for people with an intellectual disability and children.

Another training intervention was tested by Eisenman et al. (2014). They undertook an intervention with adults with intellectual disability living independently in the community and sought to see if there was an increased disaster prepared in terms of knowledge and behaviour one month later. The intervention was developed through community based participatory research called peer mentored prep. A collaboration of researchers, staff, clients and consumer advisory board were involved and peer mentors co-

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delivered the training where everything was simplified into plane language and used pictures. They found an increase in knowledge but interestingly those who were supported by a paid person had a higher increase knowledge than those supported by a friend or family.

Mobility needs

Evacuation methods is an obvious consideration for people with assisted mobility needs, as they represent one of the at most risk groups of death during a disaster when their usual capacities are hampered by the disaster event (Kettaneh & Slevin, 2014).

Christensen, Collins, Holt and Phillips (2006) noted that policies and practice around evacuation were ineffective while there was a lack of understanding that “disability is a product of the environment rather than inherent in the individual” (Christensen et al., 2006, p.1). At this time they noted there was limited research on disability and evacuation particularly in the United States and that where there was there was a lack of focus on building design (rather a focus on individual capacities). Fox et al. (2010) note that universal design principles and inclusiveness for all abilities (mobility, visual, auditory and cognitive) is required in social, medical and civil services and requires an investment in social capital to occur. Christensen, et al. 2006) also found that even in built environments that were compliant with egress access that it took longer to evacuate people with mobility issues. Jiang et al 2011 conducted experiments evacuating people with mobility needs (no aids, single or two crutches) and non-mobility needs to assess

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impact of moving capabilities and impact of the passage width on evacuation speeds from a subway station to assist in planning and designing environments for easy evacuations.

When examining the preparedness of emergency personal in terms disaster support for people with mobility in North East Kansas in the United States, Rowland, White, Fox and Rooney (2007) found no specific policies regarding mobility needs. They used whatever means possible to get people out of an emergency situation and obtained information from personal contacts (e.g. long-time neighbours). There was no methods to gauge the number of people who required mobility support. They recommend that first responders be trained in the use of specialised equipment to support safe transfers.

In another study Fox and colleagues (2007) sought to understand county level preparedness in regard to people with mobility needs in response to major disasters via interviews with county emergency managers where a county disaster had occurred within a specific year period (after 9/11 and before Hurricane Katrina). They explored programs, practices, policies; assessment of risk and policy development. Essentially they identified a significant gap in Federal Emergency Management Agencies and the willingness to respond to this cohort (due to cost, limited staff, limited awareness, other demands, collective special needs responding) indicating a need to training and awareness of the needs of people with mobility needs to these first responders and supporting people with disability to be involved in planning. They also recommended that due to limited data on who in their counties have disability that planners need to ascertain the levels of unique in their counties.

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Deaf and hard of hearing

Ivey et al. (2014), identified that the emergency response needs of the deaf or hard of hearing community in America were not given adequate attention in policies and regulations. Their study sought to understand through community based participatory research with the deaf and hard of hearing community and content data analysis how well Department of Homeland Security (DHS) recommendations for vulnerable populations had been incorporated into emergency response plans. Broadly they found that there had been improvements in the attention of DHS in emergency preparedness policies but that there are still issues with appropriate communication and understanding the unique needs of the deaf and hard of hearing community as well as training at all levels of emergency management on how best to service people who are deaf or hard of hearing during a disaster. Boyd (2006) shared her personal experiences of living through hurricane with hearing loss and the helplessness experienced in trying to find out information. She recommended advanced planning around information that included meeting with community leaders to find out what the plans for deaf are, meet with TV stations to request real time captioning (it's the law), meet with first responders to help them understand needs of deaf, plan to establish network for people who are deaf or hard of hearing and family disaster plans that address needs of a deaf family member if separation occurs.

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Blind or visually impaired

Gerber (2009), conducted interviews with 39 blind or visually impaired people to understand how visual information can be adequately translated (audio description) during a disaster. Warning messages that scroll along the bottom of news feeds are not accessible to blind people (or many others in the community such as elderly) although they may contain important evacuation or planning information. Gerber explained the nature of serotyping with visual impairments and how there is an underlying assumption of reduced competence throughout many policies. Through interviews with people it was determined that accessible audio description is an equity issue that should be mandatory (at least offer some as its better than none) and that having access to better information benefits all, such as those who are not blind but in another room. The author also suggest training live describer's of events to know how to explain what is happening for someone who cannot see the visuals as well as developing best practice audio description guidelines (Gerber, 2009) .

Chronic Illness and health care needs

One area for concern in terms of disability and emergency preparedness is people who experience a chronic illness. These people can be particularly vulnerable in times of emergency when they require ongoing prescribed medications that without access to places them at extreme vulnerability and even death (Brown, Young, Engelgau & Mensah, 2008).

Children and their families and disaster support

The literature relating to children with disabilities has an emphasis on training families for preparedness (e.g. Wolf-Fordam, et al., 2015) and the role of schools (e.g. Boon, et al., 2011; Boon, Pagliano, Brown & Tsey, 2012) and little specifically about the children themselves. Although Murray (2011) suggest several issues in relation to access to information for children such as making sure it's not too graphic in detail, explain what they are hearing or seeing, consider cognitive ability, repeat it to ensure its comprehensive and provide opportunities to discuss how they feel about the information. Tanaka 2013 reported experiences of people with children with intellectual disabilities post The Great East Japan Earthquake (2011) and found issues with resources such as them arriving but not being adequate (e.g. not having larger diaper sizes) or not having access to medication such as anti-epileptics. Murray (2011) responded to the question of what considerations of disaster preparedness for children with disabilities and healthcare needs should be made and noted the gaps in the literature in relation to this cohort. They are at risk due to existing marginalisation's, high dependency on carers, vulnerability during evacuation (including immediately and post) due to loss routines and lack of access to medical resources.

Through an on line survey exploring emergency preparedness with parents of children with disability, Wolf-Fordam, et al. (2015) found that parents of children with developmental disabilities were under-prepared for disasters, however where a child had a number conditions they were more prepared. They explored the training needs of families of children with development disabilities

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in terms of emergency preparedness and found that generally families were underprepared, even when 1/3 had experienced an emergency. Only 15% had shared information about their child with an emergency service or registry and 1/3 had discussed emergency plans of the school. Training support needs to develop and record a plan, preferable mode for training on line or computer, in combination with in-person. Content could include: “1) an understanding of local emergency resources; 2) strategies for discussions with schools and service providers; 3) help developing and recording family emergency plans (perhaps via a plan template) with a focus on planning for the specific needs of individual children; 4) strategies for approaching local emergency officials to discuss family needs; and 5) visiting a local shelter site” p 9.

Baker et al, 2011 conducted a study on effectiveness of a brief one to one intervention (conversation, handouts and blank plans) to assist families with children with health care needs prepare for disasters where they found it enhanced preparedness among this group. In another study and despite the appalling burdensome language employed to describe children with special needs, they also delivered a brief education intervention and found it increased preparedness. This study also determined that there are no geographic differences in preparedness even where a region had higher risks of disaster (Baker & Cormier, 2013).

Gibbs, et al. (2014) make a range of recommendations to support children and young people during a disaster including; restoration to safety (families remaining together, feeling of safety not only being safe), participatory approaches with children and young people, adults present as clear advocates, life course perspective (child development at the time), ecological model and enabling

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environments (addressing the individual contextual holistic conditions), support parents, carers and families and use child focused interventions over time.

Other authors make recommendations on how to support families but in particular focusing on preparedness information such as knowing the location of shelters, having enough household supplies (home disaster kit), developing an evacuation plan, practice the plan as well as up to date information on disasters (Baker & Cormier, 2013; Wolf-Fordham et al., 2007; and Wolf-Fordam et al., 2013)

School supports

In a literature review of school disaster planning for children with disabilities, Boon et al. (2011), found that children with disabilities were neglected in school preparedness for disasters. Disaster Management for students with disabilities was further explored by Boon et al. (2012) in the context of Australian school policies. They particularly note the absence of information relating to students with disabilities, where it is only mentioned in passing and that this gap is significant when we consider that Australia has not actually been tested in this area of preparedness. They note not only the role that schools play during a disaster but as the place where children go when their parents/communities are rebuilding and therefore when schools are closed a vital community resource closes with them. Murray (2011), also identified that access to schools was a major issue as alternative means were not always available. Planning requires consideration of these matters with particular consideration of the importance of this for

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children with disabilities and those that are supported in a mainstream context. Boon et al. (2012) examined disaster planning and management school policies across Australia to understand their inclusiveness for students with disability and found where policy existed it had gaps or was left at principal discretion for implementation. They made several recommendations focused on advance disaster planning through definition of at risk students, development of plans, consideration of policies that may impact in an emergency (e.g. sending children home early who rely on specialised transport), collaboration with first responders and plans for accessible education after a disaster. Porter, Page and Somppi (2014), found that the individual health care plans of children requiring assistive medical technology in schools can be a source of preparedness information in terms of an individual emergency and whole school community emergency. Access to up to date and easy to read medical information is important in disaster preparedness (Murray 2011).

School Nurses are recognised as key front line staff in an emergency and for emergency preparedness (Flaherty, 2013). Flaherty (2013), identified that general nursing processes mirror disaster planning process that is assessment and diagnosis (hazard mitigation), outcomes and planning (preparedness), implementation (response) and evaluation (recovery). Concluding that school nurses play a critical role in co-creating school emergency plans and their paradigm of practice mirrors emergency preparedness well.

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Diversity and disaster support

The literature relating to diversity and disaster support is sparse, particularly in terms of understanding the needs of people from diverse backgrounds in the context of western countries. A unique set of experiences and contexts can face people from diverse backgrounds. For example, in an Australian case study, emergency services personnel worked with local refugees to demystify the role of uniformed personnel (which relates to previous bad experiences with uniformed officers) in a disaster preparedness strategy (NSW Government, 2015). People from diverse backgrounds can be similarly vulnerable like people with disability. Heath et al 2009 found that Hispanics were less likely to predict an emergency, were less familiar with the guidelines relating to safety and held beliefs that warnings were less likely to be appropriate to them.

One reflective article on the experiences of working with women support groups in Sri Lanka (six months post the catastrophic 2004 Tsunami) could have some translatable learnings of working with diverse populations in western contexts. These include things such as enrol those who are motivated, enrol people through a trusted second person (e.g. parish priest), use bicultural workers, loose attachments to the strictness of some western practices with flexibility and adaptability (e.g. not sharing about yourself, needing to take a more directive approach, allowing group members to give advice and respond to each other) (Fernando & Wilkins, 2009) although this could just be interpreted as good cultural competency, cultural awareness, cultural safety.

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The notion of collective cultures and how they work at a community level could provide some useful models and learnings for more individualistic (and traditionally western) cultures. Cherry and Allred (2012) explored how Hurricane Katrina resulted in 28000 evacuations of Filipino Americans (as part of the over one million displaced people) who were supported quickly, intensively and proactively through the broader neighbouring Filipino community. When word spread of mass evacuation of Filipinos from New Orleans, key community leaders and associations gathered to and quickly formed an organisation that still exists and provides world wide support today. The response meant that Filipino evacuees in Houston did not stay at the Astrodome evacuation centre for longer than three hours where they were directed to Filipino relief groups. Foster families were found and a vacant apartment block was offered by a local Filipino real estate sponsor. After housing was secured a week later a gathering was hosted to feed and support Filipinos. It was here that health concerns became obvious and a triage clinic was established with Filipino nurses and doctors, free of charge or on sliding scale for those with insurance and like the initial organisation is still operating today. Other needs like clothing and toiletries were secured through donations. Then through these well establish community networks people were supported to get their identification paper work, enrol children in school and look for work. At the same time that these things were occurring, evacuated Filipinos experiences with FEMA (US federal aid) were not so good due to language barriers and perceived prejudice. They discuss how there is not a lack of cultural diversity policy but that implementation is problematic and that

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a key lesson from this experience is for all levels of government to partner with ethnic regional organisations to more effectively distribute resources and communicate with people (Cherry & Allred, 2012).

Disaster preparation for people from diverse communities needs to consider the contextual basis that people are operating from (e.g. do they think of disaster in the context of now or from their country of origin), assisting people to understand what basics might be needed in a disaster (e.g. following instructions to stock up but doing so with frozen food which does not take into account loss of power) and using the power of word of mouth to communicate information (Nepal et al., 2012). Communication methods and means also need to be adapted to consider the English literacy levels and cultural needs of people from diverse backgrounds. Some examples of adapted methods used during Hurricane Katrina included: door to door delivery of poison prevention messages in the form of a door hanger, providing children stickers with hygiene messages, radio broadcasts as one line messages, summarised customised fact sheets on returning to specific communities, translated documents and palm cards in evacuation centres on a range of topics. Broadly messages need to be easy to read, sourced to a local for increased credibility, rapidly disseminated, adapted to audience, location and situation, and have a phased roll out (Vanderford, Nastoff, Telfer & Bonzo, 2007).

Lambert (2014), explored Māori responses to New Zealand Christchurch earthquakes of 2010 – 2012. These series of earthquakes impacted on the Māori communities of Christ church who reside in the Eastern suburbs (though liquefaction, loss of services and property price reduction). Lambert noted differences in identification as Māori land holders, Māoris who live in an area but are

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connected to other tribal groups and those who do not identify with a specific tribe – indicating that there is no one size fits all response to Māori people. Lambert also notes the importance of indigenous knowledge and its recent recognition in land and resource management but not adequately in terms of engagement. Similar to the Filipino experience of looking after your own, through analysis of statistics, reports and interviews he found that “Māori cultural practices of hosting and reciprocity (manaakitanga) and the bonds of kinship (whānaungatanga) were seen by interviewees as contributing to a degree of community resilience” (Lambert, 2014, p.45). However, Māori individuals and communities are still vulnerable and at risk of further marginalisation. Meaningful collaboration is crucial to support indigenous people and their communities for disaster preparedness and recovery.

Ethnicity influences several areas relating to disaster recovery including need, availability, comfort levels and appropriateness of accessing help. To promote recovery from disasters for people from diverse backgrounds, Norris and Neill (2005), suggest, assessing community needs often and early, overcome issues of stigma and mistrust by proactive and collaborative work, normalising disaster distress as a normal response, value the role of interdependent relationships, promoting community action that facilitates their own recovery and accessing cultural competency for staff as an ongoing skill set. They also recommend low cost services, but this may be a unique feature of the United States landscape where health services are expensive for the uninsured.

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Workforces and services supporting people from diverse backgrounds

Although a study focused on public health emergencies, Ed Hsu, Mas, Jacobson, Harris, Hunt & Nkhoma (2006) identified physicians as key local trusted points for people from diverse backgrounds in North Texas although there was high diversity in ethnicity of physicians with 40% speaking Spanish at work. This could be a key consideration in preparedness work with people from diverse backgrounds for natural disasters too.

Community Health Representatives are paraprofessional within tribal communities (health advocate and educator) essential role to play as first responders on tribal land. Recognition that training in USA via FEMA (Federal Emergency Management Agency) does not consider the cultural needs of different people. Using Native America Talking Circle as an appropriate way to teach about Incident Command System (ICS) to the paraprofessionals who act as cultural brokers. Unique challenges in an emergency including remoteness, geographical spread of tribal members, limited financial resources, and unique cultural and spoken dialect. Culturally appropriate methods of training need to also be considered such as the Native American talking circle (a cultural appropriate method) approach (Granillo, Renger, Wakelee, & Burgess, 2010).

Rosen, Greene, Young and Norris (2010), also support a tailored approach to disaster mental health services to response do diverse needs. The examined archival data from funded crisis counselling service to explore “the extent to which services were tailored to meet diverse community needs and the actual reach of services provided” (Rosen, et al., 2010, p213). They coded project records

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against cultural staff training, tailoring for specific cultural groups, adapting for non-English speaker and adapting for other needs. Although several weaknesses and data flaws they were able to determine that by addressing cultural needs a service can increase their community penetration in terms of mental health services access.

Disaster support personnel and service responses

There are a number of people and services involved with disaster support from administrators involved in preparedness, to emergency response personnel (police, fire, ambulance) and those involved in clean up and long term recovery support. This means a large group of diverse professionals and disciplines of practice (Ripoll et al., 2015) that need to have a good understanding of how best to support children and young people with disabilities from diverse backgrounds in times of crisis. One way to cope with the diverse workforce that responds to disaster is to develop a set of sector competencies (Ripoll et al., 2015).

First responders, case managers and school nurses have already been discussed in the context of responses to different populations. Social workers are another profession that may have a role in recovery programs through a variety of approaches. In response to The Indian Ocean Tsunami in 2004 social worker train the trainer recovery training programs were developed and offered in Singapore. Offered in a variety of modes (one day/online, undergrad/postgrad and pre/during crisis) drew from a strengths based human rights framework on the principles of disaster recovery management (Rowlands, 2006). Rowlands (2013). followed up this

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earlier content with a further exploration of social work training curriculum in disaster management. This article also explored interagency programs, ongoing professional development, workshops after a disaster and volunteer training of those recruited after a disaster, as well as community training. Some key observations are made about some considerations of training content including: local community recovery control, culturally sensitive practices, recognition that professionals are not always identified as the lead in community recovery, make use of all that is already available, be ethical, sensitive collaboration with local services, quality volunteer/worker supervision and a self-care component to training. Zakour (2015) also noted that social worker can be helpful in reducing the vulnerability from a disaster through resilience building for people with disability.

Nick et al., (2009) note that community based organisation are an under recognised resource for responding to SHCN (special health care needs). Through a consultative symposia (unclear if people with disability were involved) with key leaders to develop a conceptual framework for populations with special health care needs (a functional based approach) they identified three key issues for people, as risk communication, evaluation and service continuity with a range of recommended areas for corresponding policy development.

Many community services, particularly to people with disability are provided to people in their homes. Stys, 2010 indicated that these types of support organisations (such as home-based hospice) need to work within the larger government framework offered by national bodies to ensure they play a key and efficient role in emergency response. This includes understanding critical issues like

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work force triage response to people at homes, building and establishing existing relationships with local disaster and emergency management services, educating and training staff on emergency plans and practicing response plans. Similarly Daugherty, Eiring, Blake and Howard (2012), conducted interviews with administrators of home help agencies regarding their preparedness policies and found that there was limited plans. Little to no staff training in disaster preparedness, preparedness varies across agency type (home health versus personal care) in terms of disaster definitions and client/carer responsibilities and formal plans were not clear. Laditka, Laditka, Cornman, Davis, and Chandlee (2008), also explored disaster preparedness for people who received in home support in terms of how agencies can help older people and people with disability prepare for disasters and the agencies own preparedness. From their study they found a large variation in levels of preparedness but that overall strong links with the local disaster planning would benefit for the agency and people. Generally they were under prepared in client risk identification, providing written materials, preserving records, providing education to clients and staff and response coordination/planning across agencies.

Preparedness is important for people supported in the community but also those living in state regulated long stay residential, where individuals living there require a continuum of support from 24/7 to assistance with independent living but have not been focused on like nursing homes which are considered a federal health care facility and are regulated federally (Brown, Christensen, Ialynytchev, Thomas, Frahm, & Hyer 2015). In their research they found that a key issue was unmet expectations about who

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assumed responsibility during an emergency – family or the facility and then having adequate back up plans if family is unable to attend to evacuate, which is not always possible. Beyond support for families to understand these complexities it was also found that staff should support residents to know where to find a public shelter, what to expect at a shelter and plans for those who would not cope in a shelter to evacuate somewhere else early. They found that even those people who were high functioning could not independently evacuate during a disaster.

There has also been some limited research on social media. Social media has a role to play in disasters where people check in on each other and connect to people (Jan and Lurie, 2012). Kent and Ellis (2015), explored social media and its role in disaster communication with people with disability. The mash up multiple digital platforms that people rely on may be inaccessible to people with disability. They note the role that social media as a mash up of modes (you tube, blogs, twitter, face book) has played in many recent disasters in response and support but are not always accessible to people, e.g., vision impairment. Principles of universal technological design should be considered to ensure that the needs of one group of people does not mitigate the communication needs of another.

Owens, Stidham & Owens (2012) examined you Tube clips to explore what information people with chronic illness with special needs may receive during a disaster. Using content analysis against health literacy skills framework (communication, content, source). They found variance in quality of source and content with some key concerns such as instructional errors (e.g. storing

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insulin in a non-refrigerated container), accessibility issues (clip for those with visual disability not offered clip with sound), actually managing an illness during a disaster and a complete lack of diversity in the clips. The implications are obvious if we consider that people use the internet commonly to find out answers to questions.

Best practice and principals of practice

Disability centred disaster support

Most of literature relating to supporting children and young people with disability from diverse backgrounds is generated from a disability perspective. Therefore many of the principals of best practice relate back to this perspective but have obvious relevance to this broader grouping. The notion of 'disability centred' approach (Fjord & Manderson, 2009) is an interesting and important one to explore where it could be argued that best practice in terms of disability in disaster management would benefit all people accessing support group (Christensen, et al., 2006). Fjord and Manderson (2009), reflect that by placing disability-centred approaches in the centre of disaster planning would ensure that most needs are met, particularly where people can experience temporary or long term disability as a result of a disaster (Gerber, 2009; Kailes & Enders, 2007). Earlier authors have spoken about principles of universal design to mobility evacuation (Wolbring 2011) and in the on line world (Kend and Ellis, 2015). As Wolbring (2011) notes: "Mainstreaming displaced people with disabilities into recovery efforts after a natural disaster maximizes the achievement of medical and social health of people with disabilities and public health efforts" (Wolbring, 2011, p. 158), however

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these approaches could clearly benefit all (e.g. accessibility to water). Rowland et al., (2007) found that among emergency service personnel they felt that existing policies were adequate for all people including those with mobility needs but were receptive to future inclusions of people with mobility issues in planning.

Another theme from the literature related to disability centred planning was the notion of hearing the voices of the vulnerable. There was recognition from many authors of the expertise that people with disability have to offer (Gerber, 2009; Kettaneh & Slevin, 2014) and that they should participate in the design of emergency preparedness responses (Smith & Notaro, 2015) and been seen as assets to this planning process (Jan & Lurie, 2010). Limiting the voices of people themselves, such and people who are deaf or hard of hearing, limits understanding of needs and the development of resilience in the event of a disaster (Ivey et al., 2014). As Priestley and Hemmingway note (2007): “interventions are characterized overwhelmingly as the province of medical or other therapeutic professionals and there is little reference to the contribution of disabled people in recovery planning or practice”. Of note is the World report on disability (2011) that makes many general recommendations including recommendation four: involve people with disabilities (World Health Organisation and World Bank, 2010). Heath, Lee and Ni (2009) also support this note “emergency management planning and communication is less likely to experience crisis if diversity of opinions is brought into planning and communication that are sensitive to residents’ perception of the world”.

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Many authors included in this review make a range of recommendations that have implications for best practice for children and young people with disability from diverse backgrounds. There is limited specific articulation of principles. Hobfell et al. (2007), document principles of intervention and prevention as developed through a consensus of a panel of world wide experts where they suggest the promotion of a sense of security, sense of calming, sense of self and community efficacy and promote a sense of connectedness and hope that are translated and adapted to the needs of different communities. Kailes and Enders (2007) propose a functional based framework for emergency management and planning based on five needs: communication, medical needs, maintaining functional independence, supervision and transportation. They also suggest that improving the readiness through leadership, service delivery and training will address the capacity of coping with people with various functional needs.

Lavin et al. (2012), describe how two theoretical approaches are required to adequately respond to people with 'special needs' in a disaster, ethical and moral resource allocation and prioritization of service (theory of justice). They provide a comprehensive list of considerations of needs for each type of special needs (e.g. sensory – assisted pets, children – adult supervision). They apply Maslow's hierarchy of needs to prioritization for disaster survivor's and make several key recommendations like removing special language, introduce disaster case management, ethical approaches to resource allocation, considers terminology in law, regulation and policy. The following table summarised the concepts already discussed in terms of experiences and recommendations. These could easily be used and applied to apply populations of 'special needs'

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Table 2. Disaster support principles and best practice to people from different populations

Concept	Authors
Rights based approach: to support that focuses on building inclusive communities prior to a disaster.	Krahan et al 2015; Priestley and Hemingway, 2007; Rutkow et al, 2014; United Nations, 2005.
Agency Preparedness: preparedness of disaster support agencies and their personal through policies and practices that reflect the needs of people from a range of vulnerable populations and includes training and support for those personnel.	Boon et al., 2011; Boyd 2006; Fox et al., 2007; Daughtery et al., 2011, Kailes and Enders, 2007; Laditka et al., 2007; Porter et al., 2014; Rowland et al., 2007; Smith and Notaro, 2015; Stys, 2010
Good Data: this also includes readily available data to emergency agencies on people in the community who may require unique considerations in a disaster (e.g. access to appropriate transport for someone using a wheel chair) but also on the supports and services that are available to people (e.g. where is the accessible transport).	Chittero et al., 2007; Enders and Brandt., 2007; Fox et al., 2007; Murray, 2011; Porter et al., 2014.
Disability-Centred Practice: mainstreaming disability-centred disaster support through policy and implementation, this includes concepts of universal design in building and technology. Also includes the concept of developing core competencies of disaster	Christensen, et al., 2006; Fjord and Manderson, 2009; Fox et al., 2010; Gerber, 2009; Kailes and Enders, 2007; Kent and Ellis, 2015; Rippoli et al., 2015; Wolbring, 2011

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management that apply to all people involved in a disaster program.	
Person Expertise: hearing the voice and expertise of people deemed vulnerable in disaster planning and policy development and implementation.	Gerber, 2009; Heath et al., 2009; Ivey et al., 2014; Jan and Lurie, 2010; Kettaneh and Slevin, 2014; Smith and Notaro, 2015; Priestley and Hemmingway, 2007; WHO, 2011.
Inter-agency Collaboration and Partnerships: collaboration and partnerships with existing local emergency services prior to disaster events as well as collaboration across governments. Collaboration goals that seek to increase service continuity as much as possible for people during an event.	Boyd, 2006; Fernando and Wilkins, 2009; Lambert, 2014; Maja- Schultz and Swain, 2012; Nick et al., 2009; Priestley and Hemmingway, 2007; Rosen et al., 2010; Sakauye et al., 2009.
Best practice frameworks: cultural sensitivity, child-focused, person-centred recovery practice and other best practice paradigms incorporated into responses for disaster support. A focus on functionality and environment impacts and not just diagnosis is considered a best practice approach here.	Christensen et al., 2006; Fernando and Wilkins, 2009; Granillo et al., 2011; Hobfoll et al 2007; Kailes and Enders, 2007; Lavin et al., 2012; Murray 2011; Nepal et al., 2012; Norris and Algeria, 2005; Rosen et al., 2010; Rowlands (2013); Vanderford et al., 2007
Accessible communication: accurate plain language communication of information at all stages of disaster support in a variety of	Boyd, 2006; Gerber, 2009; Ivey et al 2014; Jan and Lurie 2010; Kent and Ellis, 2015; Maja- Schultz and Swain, 2012; Nepal et al.,

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methods and means using best practice guides from various sectors (e.g. audio description guides, deaf and hard of hearing access to information). This includes interactive training for personnel involved in disaster support and members of the so called special needs community.	2012; Nick et al., 2009; Owens et al., 2013 Vanderford et al., 2007;
Individual and family preparedness: activities such as home disaster kit (medical and household supplied), written plans and practice plans. This includes empowerment and training strategies to undertake such tasks. Also involved clear family-service collaborations that supporting families to develop plans that include the roles of various services in the event of emergencies (whether it be a residential setting or a school or if a person is an adult or child)	Baker et al, 2011; Baker and Cromier, 2013; Brown et al., 2014; Eisenman et al., 2014; Gibbs, et al., 2014; Laditka et al., 2007; Ozkan et al., 2013; Rooney and White, 2007; Smith and Notora, 2009; Wolf-Fordham et al., 2014; Wolf-Fordam et al., 2015.
Step away from the language of 'special needs' to avoid homogenising people of such diverse needs.	Cahill, 2008; Lavin et al 2012; Kailes and Enders, 2007; Kettaneh and Slevin, 2014; Nick et al., 2009;

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Discussion

This manuscript has provided a critical review of literature relating to disaster support for children and young people with disability from diverse backgrounds with a focus on understanding principles of practice, gaps in research and available resources. This also included exploring the experiences of those people, both paid and unpaid, that support them. Although there is a rapidly evolving collection of evidence and information relating to disaster support, there is nothing specifically that relates to our described cohort. There is limited literature on the experiences of children and young people with disability and even less on people from diverse backgrounds in terms of disaster support indicating a significant gap in the literature. There is also very limited information on children with health care needs and their families (Baker & Cormier, 2013). The grey resource search did not fare much better with passing mentions to the collectives of 'special needs' people. There was however, a good range of information relating to people with disability that could be considered for application in other 'special needs' populations.

Making the distinction between specific populations, rather than 'special needs' groupings may on the one hand be helpful. As DPP authors discuss 'stereotyping' based on diagnosis to rapidly inform first responders of types of needs is helpful (Chitterao et al. (2007). However, this might also take away the recognition that firstly we are all human and have some common humanness and human need (e.g. to feel safe) and that even within population labels we are all individuals with our own unique set of needs and beliefs.

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Although much of the literature sources related to people with disability, one notable absence, particularly in the literature relating to children and young people was responding to autism spectrum disorder. It is not hard to imagine the impacts that a disaster would have on children with autism in terms of anxiety from changed routine and sensory overload from the disaster event (e.g. smoke, sound of wind) or disaster responses (e.g. evacuation to a large noisy shelter).

Other implications from the disability research is thinking about needs implementation as they apply differently and literally. For example when comparing experiences people who are deaf or hard of hearing with people who experience a visual impairment, they both have the same need for easily accessible and accurate disaster information however, the methods for obtaining the information needs to be very different. More work and planning is required to respond to all types of needs (Cahill, 2008).

A clear theme to emerge in the literature was that proactive work and preparedness will lead to less work in an emergency. For example if there is an investment in skilling all people on what to do in a disaster then it is more likely they will survive. In another example case management is discussed in the sense of deploying 'case managers' during a disaster, but given the specialist knowledge required to support our cohort, would it not be a smarter investment to upskill people who take on existing case management roles to support people (e.g. school case managers).

Easy language principles applied to all information for all people would make disaster support more accessible for all members of community and supports the notion of the disability centred approach. It was very clear from the Australian jurisdiction web search

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that there was loads of information but it was difficult for an academic researcher to quickly locate and find specific information.

How would any human under stress at times of disaster find that information? How can preparedness strategies be more accessible?

Two good example are the Queensland “Are you Ready “ process that sends weekly SMS links on what to prepare each week for a year (State of Queensland, 2015b) and the NSW government interactive free app for kids on emergency preparedness. Another local example of plain language resources has been developed by a local service provider in Queensland and the local council (ARC disability services and Cairns Regional Council) to provide plain language information to people with intellectual disability on dengue fever (Morris & Veivers, N/Aa) and cyclone survival (Morris & Veivers, N/Ab). These are only found due to knowledge of the author and although useful are not easily locatable for use by others. A centralised repository of ‘special needs’ resources would certainly be useful in Australia.

Future research could include a wider literature search that includes best practice concepts for people with disability, people from diverse backgrounds and children to develop an underpinning framework for resources development. For example cultural sensitivity is barely noted or mentioned in the literature and yet would appear to be a significant and important practice for any professional who works with people.

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A limitation of this review is that it did not include articles relating to terrorism, war and health outbreaks. The main aim was to undertake a critical review of the field of literature with the intention of identifying the quality and scope of existing provision and where this might be enhanced in order to properly include disabled and marginalized children and young people from diverse cultural backgrounds. Not one article or resource specifically address young people and children with disability from diverse background diversity. However, bringing together the learnings from all these fields has been helpful to develop some best practice principals for testing and expanding how they relate to children and young people with disability from diverse backgrounds.

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139	Kettaneh, A. A., & Slevin, J. R. (2014).	National module for helping individuals with physical disabilities in disaster events.	<i>Journal Of Applied Rehabilitation Counseling</i> , 45(1), 3-10.	Yes
140	Kienzler, H. (2011).	Review of Creating spiritual and psychological resilience: Integrating care in disaster relief work.	<i>Transcultural Psychiatry</i> , 48(3), 341-344. doi:10.1177/1363461511403692	Yes
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142	Klima, D., Seiler, S., Peterson, J., Christmas, A., Green, J., Fleming, G., & ... Sing, R. (2012)	Full-scale regional exercises: Closing the gaps in disaster preparedness.	<i>Journal Of Trauma & Acute Care Surgery</i> , 73(3), 592-598 7p. doi:10.1097/TA.0b013e318265cbb2	yes
143	Krahn, G. L., Klein Walker, D., & Correa-De-Araujo, R. (2015)..	Persons With Disabilities as an Unrecognized Health Disparity Population	<i>American Journal Of Public Health</i> , 105(S2), S198-206 1p. doi:10.2105/AJPH.2014.302182	yes

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144	Kwan, V. Y., & White, A. E. (2014).	The social cognition of modern disasters.	<i>Social Cognition</i> , 32(3), 203-205. doi:10.1521/soco.2014.32.3.203	yes
145	Laditka, S., Laditka, J., Cornman, C., Davis, C., & Chandlee, M. (2008).	Disaster preparedness for vulnerable persons receiving in-home, long-term care in South Carolina.	<i>Prehospital & Disaster Medicine</i> , 23(2), 133-142 10p.	yes
146	Lambert, S. (2014).	Indigenous Peoples and urban disaster: Māori responses to the 2010-12 Christchurch earthquakes.	<i>Australasian Journal Of Disaster And Trauma Studies</i> , 18(1), 39-48.	yes
147	Lavin, R. P., Schemmel-Rettenmeier, L., & Frommelt-Kuhle, M. (2012).	Reconsidering 'Special Needs' Populations During a Disaster.	<i>Annual Review Of Nursing Research</i> , 30125-147 23p.	yes
148	Leyser-Whalen, O., Rahman, M., & Berenson, A. B. (2011).	Natural and social disasters: Racial inequality in access to contraceptives after Hurricane Ike.	<i>Journal Of Women's Health</i> , 20(12), 1861-1866. doi:10.1089/jwh.2010.2613	Yes
149	Lowe, S. R., Rhodes, J. E., & Waters, M. C. (2015).	Understanding resilience and other trajectories of psychological distress: A mixed-methods study of low-income mothers who survived hurricane katrina	<i>Current Psychology: A Journal For Diverse Perspectives On Diverse Psychological Issues</i> , doi:10.1007/s12144-015-9362-6	yes
150	Lunsky, Y., & Elserafi, J. (2011).	Life events and emergency department visits in response to crisis in individuals with intellectual disabilities.	<i>Journal Of Intellectual Disability Research</i> , 55(7), 714-718 5p. doi:10.1111/j.1365-2788.2011.01417.x	yes
151	Maja-Schultz, T., & Swain, B. (2012).	Disabled Adults in Adult Care Facilities Facing Disasters in New York City: An Aggregate Assessment	<i>Care Management Journals</i> , 13(2), 67-74 8p. doi:10.1891/1521-0987.13.2.67	yes
152	Malmgren, R. D., Stouffer, D. B., Motter, A. E., & Amaral, L. N. (2008)	A Poissonian explanation for heavy tails in e-mail communication.	<i>PNAS Proceedings Of The National Academy Of Sciences Of The United States Of America</i> , 105(47), 18153-18158. doi:10.1073/pnas.0800332105	yes
153	Marks, L. D. (2015).	A pragmatic, step-by-step guide for qualitative methods: Capturing the disaster and long-term recovery stories of katrina and rita.	<i>Current Psychology: A Journal For Diverse Perspectives On Diverse Psychological Issues</i> , doi:10.1007/s12144-015-9342-x	yes
154	McCormick, L. C., Pevear 3rd, J., & Xie, R. (2013).	Measuring levels of citizen public health emergency preparedness, jefferson county, alabama.	<i>Journal Of Public Health Management & Practice</i> , 19(3), 266-273 8p. doi:10.1097/PHH.0b013e318264ed8c	yes
155	McGaffigan, E., Oliveira, C., & Enochs, D. (2009).	Emergency planning and people with disabilities: Massachusetts' lessons learned.	<i>American Journal Of Recreation Therapy</i> , 8(2), 39-46 8p.	yes

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156	Murray, J. S. (2011)..	Disaster preparedness for children with special healthcare needs and disabilities	<i>Journal For Specialists In Pediatric Nursing</i> , 16(3), 226-232. doi:10.1111/j.1744-6155.2011.00293.x	Yes
157	Nepal, V., Banerjee, D., Perry, M., & Scott, D. (2012).	Disaster preparedness of linguistically isolated populations: Practical issues for planners.	<i>Health Promotion Practice</i> , 13(2), 265-271. doi:10.1177/1524839910384932	Yes
158	Nick, G., Savoia, E., Elqura, L., Crowther, M., Cohen, B., Leary, M., & ... Koh, H. (2009	From the schools of public health. Emergency preparedness for vulnerable populations: people with special health-care needs.	<i>Public Health Reports</i> , 124(2), 338-343 6p.	Yes
159	Norris, F. H., & Alegria, M. (2005).	Mental Health Care for Ethnic Minority Individuals and Communities in the Aftermath of Disasters and Mass Violence.	<i>CNS Spectrums</i> , 10(2), 132-140.	Yes
160	Olympia, R., Wan, E., & Avner, J. (2005).	The preparedness of schools to respond to emergencies in children: a national survey of school nurses.	<i>Pediatrics</i> , 116(6), e738-45 1p.	Yes
161	Owens, J. K., Stidham, A. W., & Owens, E. L. (2013).	Disaster evacuation for persons with special needs: A content analysis of information on YouTube.	<i>Applied Nursing Research</i> , 26(4), 273-275 3p. doi:10.1016/j.apnr.2013.10.001	Yes
162	Ozkan, S. Y., Oncul, N., & Kaya, O. (2013).	Effects of computer-based instruction on teaching emergency telephone numbers to students with intellectual disability.	<i>Education And Training In Autism And Developmental Disabilities</i> , 48(2), 200-217.	Yes
163	Paton, D. (2006).	Responding to disaster: Questioning assumptions and building capacity.	<i>Australasian Journal Of Disaster And Trauma Studies</i> , 2006(2),	Yes
164	Porter, S. M., Page, D. R., & Somppi, C. (2013).	Emergency Preparedness in the School Setting for the Child Assisted by Medical Technology: Tracheostomies, Ventilators, and Oxygen	<i>NASN School Nurse</i> , 28(6), 298-305 8p. doi:10.1177/1942602X13507282	Yes
165	Priestley, M., & Hemingway, L. (2006).	Disability and disaster recovery: a tale of two cities?.	<i>Journal Of Social Work In Disability & Rehabilitation</i> , 5(3/4), 23-42 20p	Yes
166	Raphael, B., & Stevens, G. (2006).	Disaster and response: science, systems and realities.	<i>Journal Of Social Work In Disability & Rehabilitation</i> , 5(3/4), 1-22 22p.	Yes
167	Ripoll Gallardo, A., Djalali, A., Foletti, M., Ragazzoni, L., Della Corte, F., Lupescu, O., & ... Ingrassia, P. L. (2015).	Core Competencies in Disaster Management and Humanitarian Assistance: A Systematic Review.	<i>Disaster Medicine & Public Health Preparedness</i> , 9(4), 430-439 10p. doi:10.1017/dmp.2015.24	yes
168	Rooney, C., & White, G. (2007).	Consumer perspective. Narrative analysis of a disaster preparedness and emergency response survey from persons with mobility impairments.	<i>Journal Of Disability Policy Studies</i> , 17(4), 206-215 10p.	yes

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169	Rosen, C. S., Greene, C. J., Young, H. E., & Norris, F. H. (2010).	Tailoring disaster mental health services to diverse needs: An analysis of 36 crisis counseling projects.	<i>Health & Social Work</i> , 35(3), 211-220.	yes
170	Rowland, J. L., White, G. W., Fox, M. H., & Rooney, C. (2007).	Emergency response training practices for people with disabilities.	<i>Journal Of Disability Policy Studies</i> , 17(4), 216-222. doi:10.1177/10442073070170040401	yes
171	Runkle, J. D., Brock-Martin, A., Karmaus, W., & Svendsen, E. R. (2012)	Secondary Surge Capacity: A Framework for Understanding Long-Term Access to Primary Care for Medically Vulnerable Populations in Disaster Recovery.	<i>American Journal Of Public Health</i> , 102(12), e24-32 1p. doi:10.2105/AJPH.2012.301027	yes
172	Rutkow, L., Taylor, H. A., & Gable, L. (2015).	Emergency Preparedness and Response for Disabled Individuals: Implications of Recent Litigation	<i>Journal Of Law, Medicine & Ethics</i> , 4391-94 4p. doi:10.1111/jlme.12226	Yes
173	Sakauye, K. M., Streim, J. E., Kennedy, G. J., Kirwin, P. D., Llorente, M. D., Schultz, S. K., & Srinivasan, S. (2009).	AAGP position statement: Disaster preparedness for older Americans: Critical issues for the preservation of mental health.	<i>The American Journal Of Geriatric Psychiatry</i> , 17(11), 916-924. doi:10.1097/JGP.0b013e3181b4bf20	Yes
174	Seale, G. S. (2010).	Emergency preparedness as a continuous improvement cycle: Perspectives from a postacute rehabilitation facility.	<i>Rehabilitation Psychology</i> , 55(3), 247-254. doi:10.1037/a0020599	Yes
175	Smith, D. L., & Notaro, S. J. (2009).	Personal emergency preparedness for people with disabilities from the 2006-2007 Behavioral Risk Factor Surveillance System.	<i>Disability And Health Journal</i> , 2(2), 86-94. doi:10.1016/j.dhjo.2009.01.001	Yes
176	Smith, D. L., & Notaro, S. J. (2015).	Is emergency preparedness a 'disaster' for people with disabilities in the US? Results from the 2006–2012 Behavioral Risk Factor Surveillance System (BRFSS).	<i>Disability & Society</i> , 30(3), 401-418. doi:10.1080/09687599.2015.1021413	Yes
177	Stanko, K. E., Cherry, K. E., Ryker, K. S., Mughal, F., Marks, L. D., Brown, J. S., & ... Jazwinski, S. M. (2015).	Looking for the silver lining: Benefit finding after hurricanes katrina and rita in middle-aged, older, and oldest-old adults.	<i>Current Psychology: A Journal For Diverse Perspectives On Diverse Psychological Issues</i> , doi:10.1007/s12144-015-9366-2	Yes
178	Steinmetz, S. E., Benight, C. C., Bishop, S. L., & James, L. E. (2012)	My disaster recovery: A pilot randomized controlled trial of an internet intervention.	<i>Anxiety, Stress & Coping: An International Journal</i> , 25(5), 593-600. doi:10.1080/10615806.2011.604869	Yes
179	Storr, V. H., & Haeffle-Balch, S. (2012)	Post-disaster community recovery in heterogeneous, loosely connected communities	<i>Review Of Social Economy</i> , 70(3), 295-314. doi:10.1080/00346764.2012.662786	Yes
180	Stough, L. M. (2015)..	World report on disability, intellectual disabilities, and disaster preparedness: Costa Rica as a case example	<i>Journal Of Policy And Practice In Intellectual Disabilities</i> , 12(2), 138-146. doi:10.1111/jppi.12116	Yes

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181	Stough, L. M., Sharp, A. N., Decker, C., & Wilker, N. (2010)	Disaster case management and individuals with disabilities	<i>Rehabilitation Psychology</i> , 55(3), 211-220. doi:10.1037/a0020079	Yes
182	Stys, J. (2010).	Improving home-based hospice understanding and use of the National Incident Management System for emergency and disaster preparation and response	<i>Home Healthcare Nurse</i> , 28(6), 375-381 7p. doi:10.1097/NHH.0b013e3181df5ea8	Yes
183	Tanaka, S. (2013).	Issues in the support and disaster preparedness of severely disabled children in affected areas.	<i>Brain & Development</i> , 35(3), 209-213. doi:10.1016/j.braindev.2012.09.008	Yes
184	Taylor, K., Balfanz-Vertiz, K., Humrickhouse, R., & Jurik, C. (2009).	Decontamination with at-risk populations: lessons learned.	<i>Internet Journal Of Rescue & Disaster Medicine</i> , 9(1), 39p-39p 1p.	Yes
185	Taylor, K., Balfanz-Vertiz, K., Humrickhouse, R., & Truitt, A. (2008).	Decontamination of people with spinal cord injury: best practices and lessons learned.	<i>SCI Psychosocial Process</i> , 21(1), 15-25 11p.	Yes
186	Taylor, M. V., & Stephenson, P. L. (2013)	Disaster and Emergency Preparedness: A Webliography	<i>Journal Of Consumer Health On The Internet</i> , 17(1), 54-66 13p. doi:10.1080/15398285.2013.757509	yes
187	Trainor, J. E., & Velotti, L. (2013)..	Leadership in crises, disasters, and catastrophes	<i>Journal Of Leadership Studies</i> , 7(3), 38-40. doi:10.1002/jls.21295	Yes
188	Uscher-Pines, L., Hausman, A. J., Powell, S., DeMara, P., Heake, G., & Hagen, M. G. (2009).	Disaster preparedness of households with special needs in southeastern Pennsylvania.	<i>American Journal Of Preventive Medicine</i> , 37(3), 227-230. doi:10.1016/j.amepre.2009.04.028	Yes
189	Vanderford, M. L., Nastoff, T., Telfer, J. L., & Bonzo, S. E. (2007).	Emergency Communication Challenges in Response to Hurricane Katrina: Lessons from the Centers for Disease Control and Prevention	<i>Journal Of Applied Communication Research</i> , 35(1), 9-25. doi:10.1080/00909880601065649	Yes
190	Venticinque, S., & Grathwohl, K. (2008).	Critical care in the austere environment: providing exceptional care in unusual places	<i>Critical Care Medicine</i> , 36S284-92 1p.	Yes
191	Waterstone, M. E., & Stein, M. A. (2006)	Emergency Preparedness and Disability	<i>Mental & Physical Disability Law Reporter</i> , 30(3), 338-339.	Yes
192	Wolbring, G. (2011).	Disability, displacement and public health: a vision for Haiti.	<i>Canadian Journal Of Public Health</i> , 102(2), 157-159 3p.	Yes
193	Wu, A., Convertino, G., Ganoë, C., Carroll, J. M., & Zhang, X. (. (2013).	Supporting collaborative sense-making in emergency management through geo-visualization	<i>International Journal Of Human-Computer Studies</i> , 71(1), 4-23. doi:10.1016/j.ijhcs.2012.07.007	Yes
194	Yeager, V., Menachemi, N., McCormick, L., & Ginter, P. (2010).	The nature of the public health emergency preparedness literature 2000-2008: a quantitative analysis.	<i>Journal Of Public Health Management & Practice</i> , 16(5), 441-449 9p. doi:10.1097/PHH.0b013e3181c33de4	Yes

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195	Zahran, S., Peek, L., Snodgrass, J. G., Weiler, S., & Hempel, L. (2011)	Economics of disaster risk, social vulnerability, and mental health resilience	<i>Risk Analysis</i> , 31(7), 1107-1119. doi:10.1111/j.1539-6924.2010.01580.x	Yes
196	Zakour, M. J. (2008)..	Social capital and increased organizational capacity for evacuation in natural disasters	<i>Social Development Issues: Alternative Approaches To Global Human Needs</i> , 30(1), 13-28.	yes
197	Zakour, M. J. (2015).	Effects of Support on Evacuation Preparedness of Persons with Disabilities.	<i>Journal Of Social Work In Disability & Rehabilitation</i> , 14(1), 1-22 22p. doi:10.1080/1536710X.2015.989561	yes
198	Zeng, E. J., & Silverstein, L. B. (2011)	China earthquake relief: Participatory action work with children.	<i>School Psychology International</i> , 32(5), 498-511. doi:10.1177/0143034311402921	yes
199	Wolf-Fordham, S. B., Twyman, J. S., & Hamad, C. D. (2014).	Educating first responders to provide emergency services to individuals with disabilities	<i>Disaster Medicine & Public Health Preparedness</i> , 8(6), 533-540 8p. doi:10.1017/dmp.2014.129	Yes
200	Brown, D., Young, S., Engelgau, M., & Mensah, G. (2008).	Evidence-based approach for disaster preparedness authorities to inform the contents of repositories for prescription medications for chronic disease management and control.	<i>Prehospital & Disaster Medicine</i> , 23(5), 447-457 11p.	Yes – an area of preparedness to consider?
201	Wickes, R., Zahnow, R., Taylor, M., & Piquero, A. R. (2015).	Neighborhood structure, social capital, and community resilience: Longitudinal evidence from the 2011 Brisbane flood disaster	<i>Social Science Quarterly</i> , 96(2), 330-353. doi:10.1111/ssqu.12144	Yes – Aust
202	Williams, G., & Livingston, P. (2007).	The diversity of emergency code telephone numbers in Australian hospitals: the feasibility of an Australian standard emergency code.	<i>Australian Health Review</i> , 31(4), 540-545 6p	Yes – Aust
203	Cherry, S. M., & Allred, K. (2012).	Models of disaster response: Lessons learned from Filipino immigrant mobilizations for Hurricane Katrina evacuees.	<i>Criminal Justice Studies: A Critical Journal Of Crime, Law & Society</i> , 25(4), 391-408.	Yes - cald
204	Wolf-Fordham, S., Curtin, C., Maslin, M., Bandini, L., & Hamad, C. D. (2014)	Emergency preparedness of families of children with developmental disabilities: What public health and safety emergency planners need to know	<i>American Journal Of Recreation Therapy</i> , 13(4), 28-40 13p. doi:10.5055/ajrt.2014.0083	Yes – children
205	Christensen, J. J., Richey, E. D., & Castañeda, H. (2013).	Seeking safety: Predictors of hurricane evacuation of community-dwelling families affected by Alzheimer's disease or a related disorder in South Florida.	<i>American Journal Of Alzheimer's Disease And Other Dementias</i> , 28(7), 682-692. doi:10.1177/1533317513500837	Yes - comparative
206	Christensen, J. J., & Castañeda, H. (2012).	Danger and Dementia: Caregiver Experiences and Shifting Social Roles During a Highly Active Hurricane Season.	<i>Journal Of Gerontological Social Work</i> , 55(7), 825-844 20p. doi:10.1080/01634372.2014.898009	Yes – comparative pop
207	Al-rousan, T. M., Rubenstein, L. M., & Wallace, R. B. (2014).	Preparedness for Natural Disasters Among Older US Adults: A Nationwide Survey.	<i>Revista Panamericana De Salud Publica</i> , 36(6), 402-408 7p. doi: dx.doi.org/S1020-49892014001100008	Yes – comparative population

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208	Ardino, V., & Zaiontz, C. (2014).	Introduction to the special issue: 'Trauma and culture implications for research and treatment.'	<i>Clinical Neuropsychiatry: Journal Of Treatment Evaluation</i> , 11(1), 3-6.	Yes - diverse
209	Albanese, J., Birnbaum, M., Cannon, C., Cappiello, J., Chapman, E., Paturas, J., & Smith, S. (2008	Fostering disaster resilient communities across the globe through the incorporation of safe and resilient hospitals for community-integrated disaster responses	<i>Prehospital & Disaster Medicine</i> , 23(5), 385-390 6p.	Yes – general population
210	Mann, W., Belchior, P., Tomita, M., & Kemp, B. (2005).	Use of personal emergency response systems by older individuals with disabilities.	<i>Assistive Technology</i> , 17(1), 82-88 7p	yse

210 Combined Articles

110 After Title Cull

Exclusion criteria for title cull:

- Had to relate to disability or diversity or children/young people and disasters
- Terrorism and health epidemics not included
- Workforce development/training not included unless related to populations above
- Countries of NESB articles not included as they are not about CALD within a ES context
- Comparative vulnerable populations kept (e.g. aged, single parents)
- articles relating to general disaster preparedness (including frameworks, approaches) kept for contextual reference